



TRAUMA CENTER ASSOCIATION OF AMERICA

Trauma Center Association of America (TCAA) Testimony

Full Committee Hearing: U.S. Government Response to the Ebola Outbreak

November 6, 2014

(Submitted for the Record)

The Trauma Center Association of America (TCAA) along with our advocacy partners The American Trauma Society (ATS), The American Association for the Surgery of Trauma (AAST) and The Society of Trauma Nurses (STN) submit the following testimony in response to the Senate Appropriations hearing entitled: US Government Response to the Ebola outbreak held on November 12, 2014.

TCAA is a non-profit, 501(c)(6) association representing trauma centers and systems across the country. TCAA is committed to ensuring access to life-saving trauma services, and it is out of that commitment that we submit these comments for your consideration.

With each passing day, Ebola has illuminated the need to improve preparedness and response for public health emergencies. As frightening as Ebola is, it is only one of many public health emergencies for which we must be prepared to effectively respond. Ebola has become a harbinger for our readiness to treat blast attacks like the Boston Bombing, mass shootings like Sandy Hook, Aurora and Tucson, and natural disasters like Hurricane Katrina or Sandy, just to name a few.

In order to perform well on game day, our nation's emergency care system must be fully capable to perform well every day. Since Sept. 11 our emergency care system has come a long way. The Congress, the Administration, and our nation's emergency care community have undertaken many significant and bipartisan efforts to improve our capability to respond. Congress twice enacted the Pandemic and All-Hazards Preparedness Act on a bipartisan basis after Sept. 11 (and subsequent anthrax attacks) that was designed to help local officials better prepare for health emergencies such as bioterrorism or infectious disease outbreaks. But in the ensuing years, funding for the programs has steadily eroded. Support for these funding streams cannot continue to dissipate until the next crisis surfaces. The HPP provides funding to partnerships for state and regional hospital preparedness which must include a designated trauma center. The Hospital Preparedness Program funding should be restored to its fully authorized level of \$375 million.

Beyond the HPP and other federal preparedness efforts, as the Ebola crisis demonstrates, we still have a long way to go to ensure that every American will receive the right care, in the right time, in the right place as part of a coordinated system of emergency care. We must learn once again from this current public health emergency that plans cannot just be developed and put on a shelf. While the Congress ramped up funding for our public health system over the past five years, to some degree, the corollary investment in our trauma and emergency care system has yet to be fulfilled. One system cannot work without the other in the event of a public health emergency such as Ebola.

In 2007, the Institute of Medicine (IOM) called upon our nation's leaders to facilitate the development of regionalized systems of care, building on the trauma system as the core foundation. Regionalized care for certain imminent, life-threatening or critical medical conditions is premised on the evidence-based notion that moving patients to specialized hospitals specifically trained and capable of caring for certain disease states decreases mortality. In trauma care, triaging and moving seriously injured patients with traumatic injuries to major trauma centers reduces their mortality by an amazing 25 percent.

Unfortunately, in 2014, we still lack effective regionalized care systems for infectious disease like Ebola or even for cardiac or stroke patients. We are beginning to see the organic development of regional networks of hospitals raising their hands to treat Ebola patients, recognizing the need to concentrate the treatment of Ebola patients in certain hospitals best prepared to care for them. The vast majority of these emerging Ebola hospitals also serve as our nation's regional trauma centers. These hospitals must have the tools and capabilities to care for all their patients with emergent, time sensitive and life-threatening conditions -- whether Ebola, trauma, cardiac or stroke. The funding to support these hospitals must follow and support their willingness to provide care to the sickest Americans in their greatest hour of need. And, the funding must be concentrated in those hospitals that are stepping up to treat Ebola patients and that simultaneously serve in so many other capacities upon which all patients with emergency care conditions depend including trauma care.

Without an ongoing commitment to preparing for these events, and the funding to support training activities, we cannot adequately ensure that our health system is ready for Ebola or any other emergency. Further, the trauma system that currently forms the bedrock of the only coordinated system of triaging and moving patients to designated centers-- is itself faltering for lack of federal support. More specifically, trauma systems and centers are not receiving any federal funding through the statutorily authorized programs designed to bolster the trauma system and build it out beyond trauma care to all emergency and critical care, such as Ebola. This is particularly alarming; given the vast majority, if not all, of the emerging hospitals willing to treat Ebola patients in the United States are regional trauma centers.

The existing authorized programs for regionalizing emergency care and trauma care -- supported over many years on a bipartisan basis -- should be funded to strengthen the core trauma system. The system should be utilized as the foundation to develop regionalized systems of emergency and critical care to promote greater capability to provide timely and appropriate access the highest quality of emergency medical and trauma care.

Our trauma and emergency care system is only effective if all of the component parts of it are each working. That means our trauma and emergency care practitioners -- physicians, nurses, paramedics, EMTs -- who put their lives on the lines to care for their fellow Americans must be supported and safe in the care they provide. Additionally, health care providers -- trauma centers, ambulance agencies and

emergency departments must have sufficient resources to care for every day patients with emergency conditions and surge to address public health emergencies.

We call upon the Congress and the Administration to address these critical deficiencies. Given the public health concerns raised by the Ebola crisis, we request that increased funding for the trauma and emergency programs be included in the Fiscal Year 2015 Labor, Health and Human Services, Education and Related Agencies Appropriations bill or in emergency funding legislation.

Despite \$224 million in authorized funding as contained in Sections 1201-4, 1211-32, 1241-46, and 1281-2 of the Public Health Service Act to improve and ensure access to trauma care for all Americans; the Congress has yet to make access to life-saving trauma care a priority. TCAA strongly urges the inclusion of \$28 million in the FY 2015 Labor-HHS-Education Appropriations bill, which would include funding for the following programs with a breakdown as follows:

- ✓ \$3 million for Regionalization of Emergency Care Program
- ✓ \$3 million for Trauma Systems Planning Grant
- ✓ \$11 million for Trauma Care Center Grants
- ✓ \$11 million for Trauma Service Availability Grants

This modest investment, a small fraction of the authorized amount, can yield immense returns in efficiencies, and improvement in public health and safety. In addition to providing \$28 million in funding, we urge Congress to reauthorize the Regionalization of Emergency Care Systems Program and the Trauma Systems Grant Program programs by passing S. 2405/H.R. 4080 as part of any appropriations bill considered during the lame duck session. Earlier this year, the legislation was approved by the Senate Health, Education, Labor and Pensions Committee and in the House of Representatives by voice vote. Reauthorization will ensure that support for these important programs will be able to continue through fiscal year 2019.

The Trauma Care Systems Planning Grants and the Regionalization of Emergency Care Program authorization expire this year and thus these programs were addressed legislatively first. However, the authorization for the Trauma Care Center and Service Availability Grants expire in 2015 and will also need to be reauthorized.

All Americans treated by our providers and in our trauma centers and systems -- whether Ebola, cardiac arrest or traumatic injury expect that we will be able to safely and effectively care for them. We ask for the opportunity to work together with the Congress and the Administration to ensure our nation's trauma centers and systems can meet that expectation.

Thank you again for the opportunity to submit testimony. Please contact, Jennifer Ward, MBA, RN, President of the Trauma Center Association of America at (575) 525-9511, if you have any questions or need further information concerning TCAA's FY 2015 funding request.